227



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00

## FILED EFFECTIVE

2017 NOV 27 PH 4: 15

SECRETARY OF STATE

	Timing lee. \$25.0	U,		SIVIE AL INUIT	G
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Serenity Springs Assisted Living				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	Serenity Management LLC 1950 1st Street, Ida		io Falls, Idaho 8	3401	
	(Name) 191750	(Address)			
	(Name)	(Address)			· · · · · · · · · · · · · · · · · · ·
	(Name) (Address)		······································		
	(Name)	(Address)			
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade Wholesale Trade Services	Construction Agriculture Manufacturing	☐ Trans	portation and Public U	
4.	Mailing address for future co	orrespondence:	5. Name and accopy is (if other	ddress for this acknow	ledgment
	(Name)		(Name)		·
	1950 1st Street		(Address)		
	Idaho Falls. Idaho	83401	(2001,629)		
	(Oity) (Si	ate) (Zipcode)	(City)	(State)	(Zipcode)
Pri	nted Name: David Seiler		S	ecretary of State use only	
Sig	nature:				
Pri	nted Name:			IDAHO SECRETARY	OF STATE
Signature:			<i>7</i> °7 <b>0</b> 6°. 4°	11/27/2017	
Printed Name:				5453020 CT:17203 25.80 = 25.00 A8	
Sig	nature:	Rev 08/2015		0198597	